

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028610

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

FILED JUL 31 1962

Primary Registration District No. 1003 Registrar's No. 7298

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 52 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4262 N. 19TH ST.		d. STREET ADDRESS (If outside, give location) 4262 N. 19TH ST.	
3. NAME OF DECEASED (Type or print) First MARGARET Middle Last EMS		4. DATE OF DEATH Month 7 Day 23 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-6-1909
9. AGE (last birthday) 52		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAFETERIA WORKER		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOMAS J. WINE		13b. MOTHER'S MAIDEN NAME SELMA RICHTER	
14. NAME OF HUSBAND OR WIFE VERNON W. EMS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO	
16. SOCIAL SECURITY NO. 13 VERNON W. EMS 4262 N. 19TH ST.		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage Essential Hypertension 331X DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 2-24-58 to 7-23-62 and last saw her alive on 7-6-62 Death occurred at 1:30 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.E. Mohr M.D.	22b. ADDRESS 4110 W. F. Loomis		22c. DATE SIGNED 7-25-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-26-1962	23c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEM.	23d. LOCATION (City, town, or county) ST. LOUIS, MO. (State)
24. FUNERAL DIRECTOR ADDRESS SUE MEYERSONS 3934 N. 20TH ST.	25. DATE RECD. BY LOCAL REG. JUL 25 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

USE BLACK INK
OR

TYPEWRITER RIBBON

Dr. Morris 4110 W. F. Loomis

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Stahl

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.